



Illinois Racing Board Worker's Compensation Affidavit

I, _____, Have read and understand the provisions
(PLEASE PRINT NAME)
of Illinois Racing Board Rule 502.220 (Workers' Compensation). Pursuant to the
rule, I submit this affidavit attesting that I hire no employees in my operation and/or
the maintenance of my stable. I understand that if I hire employees at a later time, I
must comply with the rule and obtain Workers' Compensation or forfeit my license.

SIGNATURE: _____ DATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC

I _____ AND _____
(TRAINERS NAME) (SPOUSE'S NAME)
SHARE EQUALLY IN PROFITS AND LOSSES INCURRED IN OUR RACING STABLE

SIGNATURE

DATE

SIGNATURE

DATE